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23117 NIXON & VA 901 NORTH GI ARLINGTON,		Note Fee(pape have	e: A certificate of s) Transmittal. Thers. Each additional its own certificate	mailing is certiful paper of mai	g can only be used for cate cannot be used for such as an assignmentaling or transmission.	r domestic mailings of the or any other accompanying into or formal drawing, must mission deposited with the United t class mail in an envelope above, or being facsimile ate indicated below. (Depositor's name)			
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APPLICATION NO.			FIRST NAMED INVEN				АТТО	RNEY DOCKET NO.	CONFIRMATION NO.
09/787,197 TITLE OF INVENTION	03/15/2001 I: COMPUTER COMMI	UNICA	TION PROVIDIN	Terence G Hodgkins G QUALITY OF SER		E		36-1437	6234
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	JЕ	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional NO		\$1400	\$0		\$o		\$1400	03/15/2007
EXAMINER ART UNIT			ART UNIT	CLASS-SUBCLASS	ss 03/14/2007 MAHMED2 000000			HWED2 00000098 0	9787197
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 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
(A) NAME OF ASSI	less an assignee is ident h in 37 CFR 3.11. Comp GNEE ECOMMUNICATION Ompany	ified be pletion	elow, no assignee of this form is NOT ublic	data will appear on the rasubstitute for filing (B) RESIDENCE: (Cl Lôndon, Er	e pa an a TY	tent. If an assignossignment. and STATE OR C	OUNT	RY)	cument has been filed for
4a. The following fee(s) are submitted:				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached \$1430.00 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).					
	s SMALL ENTITY statt	ıs. See	37 CFR 1.27.	b. Applicant is no liftom anyone other that					R 1.27(g)(2). e assignee or other party in
Authorized Signature	Sam	(S. Kin	ion		Date <u>Mar</u> c			
Typed or printed name	Larry S. Niz	x n				Registration N	o	25,640	<u></u>
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